

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 C.F.R. 1.63) COMBINED WITH POWER OF ATTORNEY		Attorney Docket No.	9009
		First Named Inventor	Jared Lynn Randall
COMPLETE IF KNOWN			
		Application Number	
		Filing Date	July , 2003
		Group Art Unit	
		Examiner Name	
		Confirmation Number	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled PROCESS FOR PREPARING QUINOLONE ANTIBIOTIC INTERMEDIATES the specification of which

(check one) is attached hereto.
 was filed on _____ (MM/DD/YYYY) as United States Application No. or PCT International Application Serial No. _____
 and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby appoint Practitioners at Customer Number 27752 as my/our attorneys(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to Customer Number 27752.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<u> </u> A petition has been filed for this unsigned inventor	
Given Name JARED LYNN (first and middle [if any])		Family Name RANDALL Or Surname	
Inventor's Signature		Date	
Residence: City Smyrna	State NY	Country USA	Citizenship USA
Mailing Address: 431 Sherburne Four Corners Rd.			
City Smyrna	State NY	Zip 13464	Country USA